



February 17, 2016

3:00 pm -5:00 pm

Institute for the Study and Practice of Nonviolence: Multipurpose Room

265 Oxford St, Providence, RI 02905

Members Present: Tanya Booker, MD; Julie A. Rawlings, Co-Chair; Michael Nina; Marcus Mitchell; Reginald Tucker-Seeley, ScM; Annajane Yolken, MPH; Ulli K. Ryder, PhD; Jackie Fermin (alternate for Yvonne Heredia); Raymond Watson; Herberito Gonzalez. Ex-Officio Members: Aleatha Dickerson, MS; Jim Vincent; Jessica Doyle (alternate for Kathryn Enright); Patricia Threats. Guests: Angela Ankoma, MSW/MPH; Perry Gast, MPH; Anisha Gill; Peggy.

Members unable to attend: Tanio Palermo, Ed.D; Daniella Palermo, MD; Deborah Perry, MA; Kenya Fullen; Kavita Patel, MBA; Azade Sarah Perin-Monterroso (alternate present). Ex-Officio Members unable to attend: Steven Floria, MS; Bernie Frezza; Philip Less, PhD; Donna Murray; Jared Rhodes; Chelsea Siefert, MCP.

I. Call to Order

Meeting was called to order by Commission Co-Chair, Julie Rawlings.

II. November 17, 2015, Meeting Minutes Approval

Meeting minutes were approved by Heriberto Gonzalez and seconded by Reginald Tucker-Seeley.

III. Public Comments on Agenda

Commission members had no comments.

IV. Updates from Co-Chair

- Attendance Policy in January: The month of January is marked with the start of allowing Commission members to only have **three excused** absences per year. This includes subcommittee and full Commission meetings.
 - Marcus brought up concerns about attending the meeting via phone conferences. Julie asked Jessica Doyle, from the Attorney Generals office, about attending the subcommittee meetings via phone conferences. Tanya suggested that we could maybe post the phone conference meeting number on line.
 - Perry Gast will check with the legal at the Department of Health to understand whether calling in for subcommittee meeting is okay? But if not, individuals cannot call in unless we place the conference call number online.
- Establishing Monthly/Bi-Monthly Co-Chair Subcommittee Chair Check-ins: Julie Rawlings stated that data committee, policy committee, and community engagement should be working together.
 - Anisha will send out a When2meet poll to organize the co-chair subcommittee minutes. This meeting is to check-in and understand the work that each subcommittee. Heriberto, Reggie, Michael, Tanya, and Marcus all motioned to accept this.



- Discuss Final Packaging as an Executive Order: *What we discussed/realized was that we're off-track with a timeline to deliver all briefs in accordance with the legislative calendar. But furthermore, if we're actually intending on introducing an executive order, then that renders the policy briefs useless (to a degree) to our overall intention. Instead, we suggested putting everything together in one neat package (definitions, economic data, health in all policies document) to the governor since it's her that we will be asking for the executive order. As we discussed all of this, we were doing too much thinking (and decision making) for just the subcommittee to tackle.*
 - Reggie mentioned that there are several different definitions for cost of health disparities, which include “what do health disparities cost in a state, or loss of productivity.” He mentions that Policy and Data are working on different Policy Briefs.
 - Reggie outlines that the challenge is showing what to do and haven’t quantified or ranked the differences out. The Data’s Policy Brief, is just information without an “ask”. Marcus mentioned the Health in All Policies approach and Reggie outlined that the struggle with this approach is trying to get the people on the table.
 - Marcus stated that the “ask” was suppose to come from the health in all policies and the information form Data was not an “ask”. Reggie says that if we put the data without the “ask” it would be put aside but if we combined these briefs together there is information and an “ask”. Reggie stated that we have a challenge that we don’t have an approach for the Health in All Policies. Marcus states that the Health in All Policies approach would cause the governor to look at the policies being put forward and their implications on health. Reggie and Ulli mention why would they think it is important. Marcus states the monetary savings of passing this brief.
 - Julie states that we should work with the Ex-Officio and work together. Julie states that we should have a more tangible “ask” for them so they can go back to their agencies.
 - Ulli states that what are these fact sheets and where are they. “What are the facts?” The more of an “ask” and the more specific of an ask might be a starting place. “Who is accountable for that”, Tanya states? That is extra work and money that the government might not have. Need to consider putting that framework in the brief as well. Aleatha says that we need to define what Health in All Policies is. We need a definition.
 - We have a challenge with getting the cost data. It is the cost of what.. It is hard to say that implementing this will cause a cost saving. Data Subcommittee states that we cannot clearly articulate the cost saving. They need more resources.
 - Policy should bring some items of discussion/brief at the next Co-Chair meeting. Angie should be at the co-chair meeting.



- Direction of Next Report: The first report Commission went wide and addressing the issues in the state. For the next report, we might want pick one or two health outcomes. Example: Cancer. We just pick one or two diseases that we can explore deeply.
 - Maybe we can pick three. We can take a few of the things from the first report and maybe going deep with that. Tanya agrees with Narrow and deep and see what the policy makers and what they are interested about. We should pick things that work and maybe add concrete asks from the Ex-Officio Members have an interest.
 - Example: Overdose and the face of overdose plan. We best align with the state innovation model, information about what state agencies can provide.
 - Diabetes, Obesity and Tobacco Control: These are things that will be in the population health plan and CMS wants to see for the SIM.
 - Maybe we can add in nutrition to connect obesity.
 - In the subcommittee meetings, maybe the committees can tease out what they think is the best, and there is an opportunity to discuss. We can discuss it at the next Commission meeting. Subcommittees choose 2-3 ideas.
- Sign-Up for Subcommittee

V. Subcommittee Updates

- Data: This was discussed.
- Community Engagement: Organized the True Cost of Incarceration with DARA, RI Young Professionals. Community Engagement is trying to send out evaluations. Patricia gave the resources that Community Engagement utilized and Teresa Foley was also going to give resources to community members. Julie would like to send this information out to the community members that attended.
 - Poll: Community Engagement will tally all the responses and move forward from there.
 - How to get the community involved in the subcommittee
 - Ray Watson said, “If I’m already engaged, what is the carrot to draw me in?” Think about the audience, whom do we want?
 - Reggie said, “We, as a group, have to decide either if we are convener and an educator?” Ray outlined what each of those mean.
 - Convener: brings the people together
 - Educator: We have the information
 - Angie said that there is a third: Mobilizer: how do we mobilize community members. How does the Commission work to mobilize?
 - How do we work with other equity commissions and other equity-focused organization? For example, Fred Ordonez, Angie and Reggie met. This meeting was to pull together people who do health equity work. We wanted to move health equity roles in the state.



- What the Commission can do is help support them. Report to the legislators. And what is happening on the ground.
 - The forums are to get the community to work and work with the community to drive this. We want to work on the policy.
 - Health in All Policies: We want to link social justice and health outcomes.
- Policy: Marcus wants to add: Diabetes, heart disease, asthma, mental health/behavioral health, Stroke, STDs, Cancer/ Prostate Cancer, Infant Mortality. Disability costs more than mortality.

VI. Ex-Officio Updates:

- Elderly affairs: “DEA Pocket manuals” of resources for seniors and adults with disabilities are now available in English and electronically in Spanish. Please call 401-462-3000 or visit www.dea.ri.gov,
- RIPTA: March 1st: Fare will go up to 50 cents or no increase at all. Two more weeks to go and talk to legislators and state representatives. Talk to your elected officials on what does it mean.
- Attorney General Office: Jessica: no reports.

VII. Updates from HEALTH

- How to fund the cost for health. The governor launched the Children’s Youth Cabinet.
- Next step: Where the funding is going. Dependent on the place. Look at it at an equity lens. Marie Gannon: Policy liaison. Angie is in contact with the intern with the Policy effort. Look at investments earlier in childhood that way we can move forward. The direction of where this should move forward. This example shows that we can link the direction of the resources and how these resources are related. This is a social determinant of health.
 - Angie will look at what the intern is doing. We need to know where the money is going and whether there is a health equity lens on this. Next meeting we will discuss further.
- OMH Grant: The population under observation is Black, SEA, and Hispanic. Princes to Kings (P2K) have a geographic home. Looking to start a contract. How do we provide youth workforce development? Some of the projects we are designing are on sexual health work, conflict resolution. We want to impact high school graduation rate.
 - Angie will link 1 pager to everyone.
- Health Equity Zones (HEZ): Angie would like to do a presentation.
- OMH April: Accelerating Health Equity for the Nation. It is the 30th Anniversary for the establishment of Federal Office of Minority Event. Angie is currently organizing events such as Minority Professionals of Color. If anyone would like to add, contribute, and participate, please let Angie know.



- Community Health Workers: The commission is supposed to look at the workforce development.
 - Different type of health community meeting
 - Look at domains for health community workers. Want to build this into the community.
- OMH Grant: Childhood Trauma and it is focused on younger children 5-12 years, mental health supports. Community displacement and trauma in the neighbors.
- 2 PH associate applications: One is for CLAS and one PH and incarceration and how we build better supports.
- Health Equity Summit: November. DOH will reach out with Commission. Some topics include: housing and Healthy homes. We want to look at specializations.

VIII. Open Comments

- Reggie Published a paper that is coming out soon: CVS Pharmacy no longer selling Tobacco. Look at association between neighborhoods, and percentage minority, and percentage of being black. Household income. They found that it didn't change anything. Recommending there shouldn't be a retail focus but more of a density of retailers. Limit the number of retailers.
- Check out FB group: contact who the next person's spotlight is.

Upcoming meeting dates:

Meeting	Date/Time	Location
Community Engagement	March 1, 2016 Tuesday 10:00 am	Lifespan Community Health Services: 335R Prairie Avenue, Suite 2B Providence, RI 02905
Policy	March 9, 2016 Wednesday 9:00 am	RI-DOH: 3 Capitol Hill, Rm. 306
Data	March 11, 2016 Friday 1:00 pm	RI-DOH: 3 Capitol Hill, Rm. 306
Full Commission Meeting	March 16, 2016 Wednesday 3:00 pm -5:00 pm	Institute for the Study and Practice of Non-Violence: Multipurpose Room.